



## Trainer's Training and Evaluation Record

### 4 Phase Trainer Certification

- Step 1:** Trainer Trainee must be a Certified Water Quality Monitor.
- Step 2:** Trainee assists a Certified Trainer in planning, coordinating, and presenting at one volunteer monitors' training session.
- Step 3:** Trainee plans, coordinates and presents one volunteer monitors' Phase I & II training session assisted by a Certified Trainer. Completed Trainer's form is on file with TEXAS WATCH.
- Step 4:** Trainer submits a TEXAS WATCH certificate request form for the new trainer to TEXAS WATCH. The new trainer receives a certificate as a Certified Trainer of Water Quality Monitors.

### To Maintain Certification

Trainer must participate in at least two volunteer monitors' training sessions per year and provide information on these training sessions to TEXAS WATCH.

\*\*\* If certification lapses, trainer will be required to repeat Trainer's Training Steps 2 and 3.

### TEXAS WATCH: 4 Phase Trainer Certification Record

Trainee Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #'s: Home: \_\_\_\_\_ Work: \_\_\_\_\_

You may return the completed form to:



WPA Div., MC-150  
TNRCC  
P.O. Box 13087  
Austin, Texas 78711-3087  
Phone: (512) 239-4720



# Trainer Evaluation Record

## I. Date Certified as Water Quality Monitor

Date: \_\_\_\_\_

## II. Training Session Information (Assisting Phase)

Date: \_\_\_\_\_

Name of Group(s) Being Trained: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

### Trainee Evaluation

Knowledge of Testing Procedures: \_\_\_\_\_

\_\_\_\_\_

Record Keeping: \_\_\_\_\_

\_\_\_\_\_

Areas Needing Improvement: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Trainer's Name: \_\_\_\_\_

## III. Training Session Information (Coordinating Phase)

Date: \_\_\_\_\_

Name of Group(s) Being Trained: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

### Trainee Evaluation

Information Presentation: \_\_\_\_\_

\_\_\_\_\_

Knowledge of Testing Procedures: \_\_\_\_\_

\_\_\_\_\_

Logistical Coordination: \_\_\_\_\_

\_\_\_\_\_

Areas Needing Improvement: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Trainer's Name: \_\_\_\_\_

\_\_\_\_\_ is hereby certified as a Trainer of Water Quality Monitors.  
(Print Name)

\_\_\_\_\_  
(Signature of Verifying Trainer)

\_\_\_\_\_  
(Date)